

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 01/26/ FORM APPRO CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-( STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G193 01/16/2007 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 74 'W' ST. NW **WESTVIEW 02** WASHINGTON, DC 20015 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID TEACH CORRECTIVE ACTION SHOULD BE CROSS-(XS) COMPLET (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX REFERENCED TO THE APPROPRIATE DEFICIENCY REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE w ood INITIAL COMMENTS W 000 l On July 5, 2006, a recertification survey was conducted. It was determined that the facility failed to be in compliance with the Condition of Participation of Client Protections. On August 14, 2006 a follow-up survey was completed and it was determined that the facility was in substantial compliance with the Condition of Participation of Client Protections. A monitoring survey was executed on January 16, 2007. The survey was conducted to verify continued compliance with the Condition of Participation of Client Protections. Six clients ( three male and three female) with varying degrees of disability reside in the facility. Three of the six clients were randomly selected for the . sample. The findings of the survey were based on interviews and the review of records including incident reports. The results of the survey revealed the facility failed to maintain substantial compliance with the Condition of Participation of Client Protections. 483,420 CLIENT PROTECTIONS W 122 W 122 W122 The facility must ensure that specific client See 1374, W148, W149, W153, W154, 02/20/0 protections requirements are met. W155, and W156 This CONDITION is not met as evidenced by: Based on interview and record review the facility failed to provide evidence of the prompt notification of parents or guardians of significant incidents (See W148); failed to establish and/or implement policies that ensure clients' health and safety (See W149); failed to ensure that all

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

(X6) DATE

allegations of abuse were immediately reported to LABORATORY DIRECTOR'S OR PROVIDER SUPPLIER REPRESENTATIVE'S SIGNATURE DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 01/. FORM APP OMB NO. 093

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IULTIPLE CONSTRUCTION .	(X3) DATE : COMPL	(X3) DATE SURVE' COMPLETED	
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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				STREET ADDRESS, CITY, STATE, 74 'W' ST, NW WASHINGTON, DC 20015	ZIP CODE	10/20	
PREFIX	FACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFU TAG		ON SHOULD BE CROSS	COM	
W 122	the administrator of in accordance with to thoroughly inves W154); failed to enpotential abuse whi progress (W155) at of the investigation W156).	to the Department of Health State law, (See W153); failed tigate incidents of abuse (See sure the prevention of further le the investigation was in and failed to report the results within five working days (See	W 1	22			
	the failure of the facensure their general 483.420(c)(6) COM CLIENTS, PARENT The facility must no parents or guardian changes in the clier limited to, serious illior unauthorized absolute This STANDARD is Based on staff interfacility failed to provinctification of paren incidents, for two of and #3) included in The findings included 1. (Cross Refer W1 Qualified Mental Re) and review of the freports and corresponding their summaries on Januarian their general corresponding to the freports and corresponding their general corresponding to the freports and corresponding to the freports and corresponding their general corresponding to the freports and corresponding their general corresponding their general corresponding to the freports and corresponding their general corresponding to the frequency of the freports and corresponding their general corresponding to the frequency of the	ifity to protect its clients and to a safety and well being.  MUNICATION WITH  S &  tify promptly the client's of any significant incidents, or it's condition including, but not ness, accident, death, abuse, ence.  In not met as evidenced by: wiew and record review, the ide evidence of the prompt ts or guardians of significant the three clients (Clients #2 the sample.  53) Interview with the tardation Professional (QMRP acility's unusual incident onding investigative ary 16, 2007 at 11:24 AM	W 14	a. As stated, according Report reviewed, person Consumer #2's care persons of DOH were the 09/21/06 incident. The information was far on 10/04/06. (See attasheet dated 10/04/06) QMRP has notified of writing of the incident letters) and a copy of report is attached for DO the future all parties consumer's care will notification of an incide by the IMC as soon information is gathered, will be provided in medical intervention.	ons involved in and designated not notified of until 10/04/06. The state of the incident of th	2/21/	

		HAND HUMAN SERVICES		•	PRINTED: 01/2 FORM APPR
STATEME	ERS FOR MEDICARE  NT OF DEFICIENCIES  OF CORRECTION	& MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ULTIPLE CONSTRUCTION	OMB NO. 0938 (X3) DATE SURVEY COMPLETED
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NAME OF	PROVIDER OR SUPPLIER	· <u></u>		STREET ADDRESS, CITY, STATE, ZIP CODE 74 'W' ST, NW WASHINGTON, DC 20015	. 01716/200.
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOULD B REFERENCED TO THE APPROPRIATE DE	- Aba   ' \^
W 149	documented, Client the van. She [wante wouldn't let her off my back. I told don't hand down"  Review of the corres not dated) revealed choked" by the staff.  b. An incident dated Client #2 was observed provider local hollering" about a steeling the chest and then bedroom, "fussing at The client was furthe Afterwards, Client #2 person again in the nathest staff person's havin a "physical restrain" Interview with the QM 1:45 PM revealed Client in a "physical restrain" Interview with the QM 1:45 PM revealed Client in a "physical restrain" Interview with the QM 1:45 PM revealed Client in a "physical guardian. A facility failed to provide legal guardian had be aforementioned incid 483.420(d)(1) STAFF CLIENTS  The facility must developed the collicies and procedure in the collicies and the collicies a	#2 "went into a behavior on ed) to get out the van and I She got mad and hit me in t do that then I [held] her sponding investigation report (Client #2 alleged she was "member on the van.  September 7, 2006 revealed red in a client's room (at the atom) "screaming and aff person "pushing her." The rived to strike a staff person out tearing the house up" In noted to be cursing, was noted to hit the staff eck and attempted to bite and. The client was then put at to "calm her down."  IRP on January 16, 2007 at ent #2 had an aunt that was at the time of the survey, the lie evidence that Client #2's seen notified of the ent.  TREATMENT OF		Report reviewed, perso involved in Consumer #2's ca were notified of the 09/07/incident, either the day of or t following day of the incident (See attached Incident Report dated 09/07/06 and IM Notification Log) However according to the Incident Report designated persons of DOH we not notified of the incident. copy of the incident report attached for review by DOI (See attached Incident Report dated 09/07/06)  Please note that Consumer to does have an aunt that involved in her care, however she is not the legal guardian Consumer #2's aunt was notified of the incident at the time, but has since been notified in writing by the QMRI According to the Incident Report, her legal guardian, was notified of the incident of the Incident Report, her legal guardian, was notified of the Incident Report, her legal guardian, was notified of the Incident Report, her legal guardian, was notified of the Incident Report, her legal guardian, was notified of the Incident Report, her legal guardian, was notified of the Incident Report, her legal guardian, was notified of the Incident Report, her legal guardian, was notified of the Incident Report, her legal guardian, was notified of the Incident Report	ons one 06 he ont. ort IC er, ort is H. ort is H. ort  Z in ort ort ort ort

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) A A. BU		FIPLE CONSTRUCTION NG		DATE .	SURVEY ETED
		09G193	B. Wii	NG_	•		047	C 16/200
NAME OF	PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP COI	DE .	017	10/200
WESTV	IEW 02	1		Ι.	WASHINGTON, DC 20015			•
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W 149	Continued From page Based on interview failed to establish at ensure the health at clients (Client #2,) in The finding includes  The facility failed to Management Report  (Cross Refer W153) Mental Retardation I review of the facility and corresponding in January 16, 2007 at following incidents of a. On September 2 documented, Client at the van. She [wante wouldn't let her off. my back. I told don't hand down"  Review of the corresponding to the corresponding to the corresponding to the corresponding to the wouldn't let her off. She wouldn't let her off.	ge 3 and record review, the facility ind/or implement policies that a safety of one of the three included in the sample.  Implement their "Incident ting Protocol" as outlined.  Interview with the Qualified Professional (QMRP) and a unusual incident reports investigative summaries on 11:24 AM revealed the courred:  I, 2006 an incident report #2 "went into a behavior on d] to get out the van and I She got mad and hit me in do that then I [held] her  ponding investigation report (Client #2 alleged she was "	W 1	149		given to be a second of the se		02/20 M 21/01

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STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	IULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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VV 149	Continued From page	TO A	W 1	W149 Continued	
VV ,145			* **	ting practice will be monthered	· ·
	in a physical lesira	int" to "calm her down."		Program Director and	the
,	Reporting Protocol* procedures to be im reporting an inciden following events sho		- ,	Administrator.  According to documentation reall persons involved in Consum care were notified with the exceptor aunt, for aunt, for a took of the consumer of	er #2's ption of ignated
	- "If a staff person	is directly involved in this		Report and IMC Decemporation	<del>n Lo</del> g
	Management Coord	or neglect, [the Incident inator] will inform the shift		-both dated 09/07/96) VT PT 2	P 1707 02/2
	supervisor to clock t	he involved staff member out	•	b. Based on the information g	iven at JTM
	until further notice."			the time of the incident it	STACHE L.
				warranted that the staff person	P /
4	~ "The Incident Mar	agement Coordinator will		home because it was observe	
		swers Please to report the high she will notify via telephone,		Consumer #2 was olearly the ag	gressor
I		is order and depending on the		during the incident. As pre	
-1	severity of the incide			noted, Consumer #2 has a his	
[ ]	Residential Manage	r, the Administrator, any		falsely accusing staff of harm	
	involved family mem	bers, the Case Manager, the		when she is upset about a s incident that the staff may not be	eparate
$\setminus$	attorney, the guardia	an, and the Department of		of at the time. However, the	cmised
1		ation of notification should be tion form developed."	40		d from
.	This will become	sdesonbalin Wastyky to	( V) 31	her to allow Consumer # 2 t	o calm
	∠ "If applicable, the v	vritten incident report should	4	down. In the future, the staff	person
	be forward to the ap	propriate officials immediately		involved will be removed fro	
Ų.	upon its completion	or within twenty-four hours	, ,,	consumer's care until a th	
	after the incident oc	curred."	Visile	investigation is completed determination is made.	and a
	. "Once the investig	curred." and an Westvew Polycetion report is completed to	9 3	determination is made.	
1	include findings and	recommendations a copy		An investigation was conduc	ted on
1		to the Administrator and			ding to
. {	other appropriate of	ficials within five business		documentation reviewed, it is un	
· /	days after the incide	ent occurred."  School on Worker to	. Jim	a copy was forwarded to the Do	
	" The will happen o	podeonibod III WOIVICK 10	ncy 212	other appropriate officials. How	
į		11 - y   1/10   1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		1 12	
		at the aforementioned events   Incident Management		Administrator of Westview, Inc attached Investigation Report	
	mine	molocit wanagement		09/12/06) (Also see W148, 153,	

## PRINTED: 01/26 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPRO CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-(X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: COMPLETED . AND PLAN OF CORRECTION A. BUILDING B. WING A9G193 01/16/2007 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 74 'W' ST. NW WESTVIEW 02 WASHINGTON, DC 20015 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) EACH CORRECTIVE ACTION SHOULD BE CROSS-PREFIX REFERENCED TO THE APPROPRIATE DEFICIENCY PRÉFIX TAG DAT TAG W 149 Continued From page 5 W 149 W153 Reporting Protocol" occurred. (See also W148, According to documentation 02/20 W153, W155, and W156) reviewed, the DOH was sent a copy of 483.420(d)(2) STAFF TREATMENT OF .W 153 ·W 153 the Investigation Report via fax on CLIENTS October 4, 2006. The fax was sent by the IMC to the attention of The facility must ensure that all allegations of (See attached Fax Cover Sheet dated mistreatment, neglect or abuse, as well as 10/04/06 and Investigation Report) injuries of unknown source, are reported Documentation does not indicate if the immediately to the administrator or to other DOH was sent a copy of the incident officials in accordance with State law through Report immediately following the established procedures. incident. (See attached Incident Report dated 09/21/06) (Also see W149) In the future, all incident reports and This STANDARD is not met as evidenced by: Based on interview and record review, the facility investigation reports will be sent to the failed to ensure that all allegations of abuse were DOH within the regulated timeframe. immediately reported to the administrator or to the This practice will be implemented by Department of Health in accordance with State the IMC and monitored by the QMRP and Administrator. law, for one of the three clients (Client #2) VTM 2/21/6 included in the sample. According to dec reviewed, all persons involved in Consumer #2's care were notified with The findings include: Interview with the Qualified Mental Retardation file exception of her aunt, S. Hodges, Professional (QMRP) and review of the facility's and a designated person at DOH. unusual incident reports on January 16, 2007 at was notified in writing of the 11:24 AM revealed the following incidents incident and a copy of the incident occurred: report is attached for review by DOH, (See attached letter, Incident Report a. On September 21, 2006, Client #2 "went into a and IMC Documentation Log both behavior on the van. She [wanted] to get out the dated 09/07/06) The incident report van and I wouldn't let her off. She got mad and and the investigation report notes that hit me in my back. I told don't do that then I [held] the staff member states that she did not her hand down...." choke Consumer #2 nor did the staff who witnessed the incident observe

following:

Review of the corresponding investigation report (

not dated) on January 16, 2007 revealed the

member involved.

Consumer #2 being choked by the staff

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES		<u> </u>	OMB NO	. 0938
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W 153	Continued From page	ge 6	. W	153		
	On September 21, 2	2006, Client #2 was noted to		W153 Continued		
	be on the facility var	noutside of the provider's		Because Consumer #2	recanted	
	second group home	. The incident report		her statement the IMC of	oncluded	
}	documented that Cli	ient #2 wanted to exit the van	-	her investigation and o	nly make	
	The report further de	k to some of the employees. ocumented that other clients		mention of the abus		
	were hoarding the v	an at the time Client #2		investigative report.	Also a	•
	wanted to exit the va			separate incident rep	•	
	•	,		written and is being sul		
	Continued review of	the report revealed a staff		the DOH for review		
.	member informed C	lient #2 that she could not exit		attached Incident Rep	`	•
	the van, Client #2 w	nember blocked her attempt.	•	09/21/07. In the fi		
ł	The incident report of	documented that the		l .	•	
·	aforementioned activ	ons occurred repeatedly, at	-	allegations of abuse		-
	which time Client #2			investigated and report	, ,	
`				1	thin the	
	Further review of the	e investigation revealed the nt Coordinator interviewed	•	regulated timeframe.	1	
1	Tient #2 Review of	f Client #2's statement		practice will be implement		
1	revealed Client #2 al	lleged she was "choked" by		the IMC and monitore	- 1	
	the staff member on			QMRP and the Admini	strator.	
1			-			
<b>)</b> .	Additional review of	the incident report failed to at the Department of Health		Please note that	because	•
		ew with the QMRP on			layed a	
		vealed that the Department of		noticeable increase in	behaviors	
	Health was notified o	on October 4, 2006. At the			he was	
-	time of the survey th	e facility failed to provide		subsequently admitted	to Seaton	
		epartment of Health was		House at Providence House	ospital for	
<b>I</b>		of the allegation of abuse as		Psychiatric Care from		•
-	required.			09/13/07. Her medicat	ľ	
.	b. According to an in	ncident report dated		· ·	his time	
		Client #2 was observed in a		aggression and overall	- 1	
	client's room (at the	second provider location) "		status has improved		
Ì	screaming and holle	ring" about a staff person "		hospital discharge par	• 1	
		lient was then observed to		09/13/06)	cia dated	
i	etriko a etatt herenni	in the chest and then ran into I		1 72/1-3/701		

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W 153	another client's bed the house up" Th be cursing. Afterw hit the staff person	room, "fussing about tearing te client was further noted to ards, Client #2 was noted to again in the neck and	W ·	153			-
	attempted to bite the client was then put calm her down."	e staff person's hand. The in a "physical restraint" to "		•			
	Client #2 "went into consumer, Client #6 would not return it." statements revealed upset and tried to "p The client further inpushed her on the sthe time of the survividence that the Di	sponding incident September 12, 2006 revealed a behavior because another b, took her key chain and Review of the summary of d Client #2 indicated she was oush pass" a staff person. dicated that a staff person " stomach in the struggle." At ey the facility failed to provide epartment of Health was I of the allegation of abuse as		-			
W 154	review of the unusurevealed the client v psychiatric facility for 2006: through Septe	erview with the QMRP and al Incident report/investigation vas hospitalized at a perfour days (September 9, mber 13, 2006) F TREATMENT OF	W 1	54			
	The facility must ha violations are thorou	ve evidence that all alleged ughly investigated.	-	-			•
	Based on interview failed to ensure alle thoroughly investigated	s not met as evidenced by: and record review, the facility gattons of abuse were ated, for one of the three included in the sample.		-			

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CTATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A., BUILD	TIPLE CONSTRUCTION	(X3) DATE SI COMPLE	URVEY TED
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VV 154	Continued From pa	nge 8	W 154	1		
•	The finding include	s;		W154	. •	·
	1. (Cross refer W1	53, a.) Review of unusual		1. See W153.a		02/20/
	incident reports and 2007 revealed an in 2006. According to	d investigations on January 16, incident dated September 21, incepted the investigation report for		2. See W153.b	,	02/20/
	the aforementioned she was choked by	l incident, Client #2 alleged a staff member.		In the fiture all much	tenta	
	Continued review of revealed an audio is Client #2 at which the allegation of being report failed to document to recorded statement investigation report information regard implemented measincurring additional survey, the facility the aforementioned investigated.  2. (Cross refer W1 incident reports and 2007 revealed and 2007 revealed and 2006. According to the aforementioned she was pushed by Continued review of evidence of whether substantiated. At facility failed to pro-	of the investigation report recording was conducted of time she recanted her choked. The investigation ument the time and date of the t. Further review of the trailed to document ng when and/or if the facility sures to prevent Client #2 from harm. At the time of the failed to provide evidence that d incident had been thoroughly 153, b.) Review of unusual d investigations on January 16, notident dated September 7, not the investigation report for d incident, "Client #2 alleged y a staff member.  Of the report failed to provide er or not the allegation was the time of the survey, the ovide evidence that the		Will be throughly investigation reinformation will be inclinated in the investigation re All evidence or writted will be dated, time, investigated report of the allegations were substantially or not. Recommendate be included in the report with the IMC in completion before force it to the Administration of days for hospingly re	thopted led uickel porta clocum signed in the contrated contrated to will	1/1/2/107
W 155	investigated.	cident had been thoroughly  VEF TREATMENT OF	W 15		•	

DEPA	RTMENT OF HEALT	H AND HUMAN SERVICES E & MEDICAID SERVICES			PRINTED: FORM. OMB NO.	APPR
CTATEME	ERS FOR MEDICAR NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI			TED
		09G193	B. WIN	iG_	01/10	5/2007
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W 15	5 Continued From p	age 9	W 1	55		
	while the investigation This STANDARD Based on interview failed to provide exprotected from full allegation of abuse the three clients (C sample.  The finding included the findent reports are 2007 revealed and 2006. According the aforementione she was choked by	153, a.) Review of unusual and investigations on January 16, incident dated September 21, the the investigation report for all incident, Client #2 alleged by a staff member.			W155 1. See W153.b and W149.a 2. See W153.b and W149.b	02/2 02/2
	Professional (QMI investigation report 2007, failed to protect and/or if the facility prevent Client #2 At the time of the provide evidence to ensure Client # alleged abuse.  2. (Cross refer Wincident reports a 2007 revealed an 2006. According	Qualified Mental Retardation RP) and review of the rt (not dated) on January 16, wide evidence regarding when y implemented measures to from incurring additional harmsurvey, the facility failed to that systems were implemented 2 was protected from further with 153, b.) Review of unusual and investigations on January 16, incident dated September 7, the the investigation report for ed incident, Client #2 alleged				

DEPAR	TMENT OF HEALT	HAND HUMAN SERVICES	, ,		PRINTED FORM OMB NO	APPRC
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL	ULTIPLE CONSTRUCTION DING	(X3) DATE S COMPLE	URVEY
j.		09G193	B. WING	3	1	C <b>6/2007</b>
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 74 'W' ST, NW WASHINGTON, DC 20015		<u> </u>
(X4) ID PREFIX TAG	(FACH DEFICIENC)	ATEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	)D PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS.	(X5) COMPLE DATE
W 155	Continued From pa		W 15	55		
W 156	evidence of whether substantiated. Inter Mental Retardation review of the invest 2007, failed to provand/or if the facility prevent Client #2 from the time of the suprovide evidence the ensure Client #2 alleged abuse. 483.420(d)(4) STAI CLIENTS  The results of all into the administrator or to other officials within five working of the administrator with in five working the three clients (Clients (Clients)) and the information of the administrator with in five working the three clients (Clients). The finding includes 1. (Cross refer W1 incident reports and 2007 revealed an in 2006. According the three differences of the aforementioned the interest of the aforementioned the substantial three differences and 2007 revealed an in 2006. According the three aforementioned the substantial three differences are substantial to the aforementioned three differences are substantial to the aforemention three differences are substantial to the aforement	r or not the allegation was erview with the Qualified Professional (QMRP) and igation report on January 16, ide evidence regarding when implemented measures to om incurring additional harm, arvey, the facility failed to at systems were implemented was protected from further FTREATMENT OF restigations must be reported or designated representative in accordance with State law days of the incident.	W 15	W156.  1. See W143.a and W148  2. See W153.6 and W148  The ICM Will forward Copy of the recults investigations within working days for fine to the administration a designer. VIM 2/2	of all 15 all review and/or	02/20/

DEPAR	CMENT OF HEALTH	AND HUMAN SERVICES		:	PRINTED: 01/26 FORM APPRO
CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			OMB NO. 0938-
CT ATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI	ETIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED
		09G193	B. WING		01/16/2007
NAME OF P	ROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, STATE, ZIP CODE	•
WESTVIE			.	74 'W' ST, NW WASHINGTON, DC 20015	
(X4) ID PREFIX TAG	SUMMARY STA	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT	BE CROSS- COMPLI
W 156	riot dated. At the tibe determined if the administrator with required.  2. (Cross refer W1 incident reports and 2007 revealed and 2006. According the aforementioned she was pushed by review of the invessigned by the Incident September 12, evidence that the reported to the administration.	ige 11 igation report revealed it was me of the survey, it could not be investigation was reported to ithin five working days as  53, b.) Review of unusual dinvestigations on January 16, neident dated September 7, he the investigation report for 1 incident, Client #2 alleged a staff member. Further tigation report revealed it was ent Management Coordinator 2006, however, there was no esults of the investigation was ninistrator within five working	W 15	Please note that a new IMC put into place on 02/19/07 to in ensuring the Inci Management Protocol will carried out as stated.	aid dent
	days as required.		·		

Event ID: Y1YS11

FORM CMS-2567(02-39) Previous Versions Obsolete

Facility ID: 09G193

If continuation sheet Page 15

STA IEMEN AND PLAN	EMENT OF DEFICIENCIES PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G193		ER/CLIA JMBER:	A. BUILDII B. WING		(X3) DATE SURVEY COMPLETED  C 01/16/2007	
NAME OF B	ROVIDER OR SUPPLIER	090133	STREET ADD	DRESS, CITY,	STATE, ZIP CODE		0/200/
WESTVI			74 'W' ST, WASHING		20015		
<del></del> _	CUMMADV STA	TEMENT OF DEFICIENCI	5	ID.	PROVIDER'S PLAN OF CORRI	CTION	<u> </u>
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY SC IDENTIFYING INFORM	/ FULL	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL REFERENCED TO THE APPROPRIAT	D BE CROSS-	COMP DAT
1 000	INITIAL COMMEN	rs		1000			
l 271	January 16, 2007. verify continued corregulations. Six resfemale) with varying the facility. Three crandomly selected to the survey were review of records in 3513.1(b) ADMINISE ach GHMRP shall agency is inspected administrative recordescriptions either a office and made av This Statute is not Based on interview	ure survey was execute a survey was conmpliance with licensisidents (three male as goderness of disability of the six residents who for the sample. The based on interviews acluding incident reportant and the GHMRP or in allable upon request and record review, to the sample of all staff includes the GHMRP or in allable upon request and record review, to the survey of all staff includes the GHMRP or in allable upon request and record review, to the survey of all staff includes and record review, to the survey of all staff includes and record review, to the survey of all staff includes and record review, to the survey of all staff includes and record review, to the survey of all staff includes and record review, to the survey of all staff includes and record review, to the survey of all staff includes and record review, to the survey of all staff includes and record review, to the survey of all staff includes and record review, to the survey of all staff includes and record review, the survey of all staff includes and record review, the survey of all staff includes and record review, the survey of all staff includes and record review, the survey of all staff includes and record review.	ducted to ure and three by reside in vere findings and the orts.	l 271	At the time of the survey personnel folders were avair for review by the Departme Health for most of employees for the factor surveyed. However, the direct care workers noted in deficiency report were employees and their person records were not transferred the facility from the main of at the time of the survey. was not noted until the survey was not noted until the survey was not noted until the survey. When the facility from the facility from the main of at the time of the survey. When the contents of the following the contents of the following the follo	lable int of the cility six this new onnel d to office This rvey. wing ched  & oyees	02/20/0
	The finding include: Review of the perso	s: onnel records on Jar GHMRP failed to pro	nuary 16,		In the future, once the person	onnel	
	evidence of five sta	affs personnel record	ls.	-	records for new employee complete a copy of the cor	itents	
1374	3519.5 EMERGEN			1374	will be sent to the design facility within five days of	being	
	GHMRP shall prom guardian, his or he no guardian, or the sponsoring agency	ces have been secun ptly notify the resider r next of kin if the res representative of the r of the resident's st followed by written no	ent's sident has e ratus as		hired. This task will implemented by the Pers Manager and followed up of the Residential Manager of designated facility.	onnel on by	

STATE FORM

CTATEMEN	Regulation Administr	(X1) PROVIDER/SUPPLII	ER/CLÍA IMBER:	1''	IPLE CONSTRUCTION	(X3) DATE SUR' COMPLETE	
AND PLAN	OF CORRECTION	IDENTIFICATION	MIDEI V.	A. BUILDIN		l c	
		096193		B. WING_	· · · · · · · · · · · · · · · · · · ·	01/16/2	2007
	<u></u>	096193	STREET ADD	RESS, CITY,	STATE, ZIP CODE		
NAME OF P	ROVIDER OR SUPPLIER		74 'W' ST,				
WESTVI	EW 02		WASHING	TON, DC 2			
	STIMMARY ST	ATEMENT OF DEFICIENCI	ES	מו	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SHOU	ECTION	(XS
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I 374	Continued From pa	age 1	•	1374			
, , , , ,		later than forty-eight	(48) hours				
						-	
	This Statute is not	t met as evidenced b	y:				
	Based on interview	y and record review, provide evidence of the	ne prompt		·	-	
	Microtian to a rat	eident's quardian of ti	ne i		1374	-	
•	regidente etable a	ffer receiving medica	I SELVICES,	_	The Incident Management P		20/0
	by written notice at	nd documentation no	) later man		was revised and put into effe		
	forty-eight hours a	fter the incident, for (	in the		December 6, 2006, after		
	three resident's (Resident #2) include sample.	· ·	<i></i>		09/07/06 and 09/21/06 inci		
				and after employees were tra on the revisions. The new			
	The finding include	es: ·				ident	
	reas Endored Defin	ciency Report - Citati	on W148		Management Coordinator (1	·	
	and W153)	cicilly report		-	is responsible for notifying		
	(a) 17 (4 = )				persons involved in	the	
1 379	3519-10 EMERGE	encies .		1 379	consumer's life. This includes any available family me		
	In addition to the r	eporting requirement	in 3519.5,		and/or guardian, case man		
	Looch GHMRP sha	all notify the Debartmo	ent of		attorney, QMRP, Administ		-
	Health Health Fac	cilities Division of any	rotner (		and DOH. The IMC sl		
	unusual incident o	or event which substa esident 's health, we	inually Ifare livino		notify each person of i		
	crongoment well	l being or in any othe	rway l		details of the incident	via	
	blaces the resider	nt at risk. Such notific	ation shall		telephone after he/she is not		
	he made by telepi	hone immediately and	n shan be		The IMC should then notify		
	followed up by wri	itten notification within	n twenty-	.,	person in writing once		
	four (24) nours or	the next work day.		\ <i>/</i>	information is obtained a		
					final determination of	· · · · · · · · · · · · · · · · · · ·	·
•					consumer's status is mad		
•	This Statute is no	ot met as evidenced l	by:	(	is monitored by the Pro		
	Based on intervie	w and record review,	ine ent of	1	Director and the Adminis		
•	GHMRP failed to	ensure the Departmo acilities Division was	notified of	\	who receives the final repor		
	meaiur, neaim re	that substantially int	erfered with		days. (Also see W148 & W1	1	
	a resident 's hea	ith; for one of the three luded in the sample.	ee residents		DOH Within 24 hou		101

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Health Regulation Administration  STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G193			MBER:	A. BUILDIN		(X3) DATE SURVEY COMPLETED C 01/16/2007	
NAME OF P	ROVIDER OR SUPPLIER				STATE, ZIP CODE		
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1 379	Continued From page 2			J 379			
	The finding include	es: .				:	
	[See Federal Deficiency Report Citation W153]				1379 See 1374 and W153	<b>02/20/07</b>	
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Health Regul STATE FOR	ation Administration			809	Y1Y\$11	If cominuation sheet	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G193		(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED C 01/16/2007				
NAME OF F	ROVIDER OR SUPPLIER				, STATE, ZIP CODE					
74 'W' ST					F, NW GTON, DC 20015					
(X4) IO PREFIX TAG	ACA CHI DEFICIENT	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORM	TOLL I	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS- COMPL				
. R 000	R 000 INITIAL COMMENTS									
	January 16, 2007. verify continued co regulations. Six refemale) with varying the facility. Three crandomly selected of the survey were	The survey was exect the survey was con mpliance with licensus sidents (three male ago degrees of disability of the six residents we for the sample. The based on interviews including incident reports.	ducted to ure and three y reside in ere findings and the		R125 At the time of the survey the personnel folders were available for review by the Department of Health for the employees of the facility surveyed. However, the six direct care workers noted in this deficiency report were new employees and their					
R 125	The criminal backg criminal history of to contract worker for in all jurisdictions wemployee or contraresided within the scheck.	und check shall dis the prospective emploise the previous seven ( vithin which the prospect worker has worke seven (7) years prior	sclose the cyce or (7) years, sective d or to the	R 125	not the vey. vey. imal to ving for					
	Based on the revier failed to ensure critical disclosed the crimin employee or contraseven (7) years, in the prospective employee.	sed on the review of records, the GHMRP ed to ensure criminal background checks closed the criminal history of any prospective aployee or contract worker for the previous (7) years, in all jurisdictions within which prospective employee or contract worker has riked or resided within the seven (7) years prior			In the future, once the person complete a copy of the contents be sent to the designated fact within five days of being hired.	onel are will ility This				
	The finding includes:  Review of the personnel records on January 16, 2007 revealed that the GHMRP failed to ensure criminal background checks were on file and disclosed a seven year history of all the jurisdictions where the employee resided and worked for six direct care staff.				task will be implemented by Personnel Manager and followed on by the Residential Manager of designated facility.	up				

STATE FORM

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